

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
TRAINEE ENROLLMENT FORM
ON-THE-JOB TRAINING

Date _____ Route _____ Federal Project Number _____

Project No: _____

Contract Id. No. _____

Contractor _____

Subcontractor: _____

Name of Trainee: _____ *Trainee Program Selected

Social Security Number _____ Apprenticeship-DOL ☐

VTCA-VDOT ☐

Address _____ Other _____

*Explain and attach training schedule

Identification: White _____ Black _____ American Indian or Alaskan Native _____

Asian & Pacific Islanders _____ Hispanic _____

Vietnam Era Veteran Yes _____ No _____ Age _____ Sex _____

Trainee Job Classification: _____ Length of Training _____ Hours

Date Training Started: _____

Trainee Minimum Wage Rates \$ _____ for _____ Hrs. Trainee is: New Hire _____

(Show actual wage rates to \$ _____ for _____ Hrs. Upgrade _____

be paid by Contractor) \$ _____ for _____ Hrs. Upgrade from: _____

Wage Rate \$ _____ after completion _____

Summary of previous Training: (Show approximate hours of previous training received in this or similar classification
as per interview with the Trainee) _____

Trainee Signature Contractor Representative

Project Inspector Title

Approval _____
District Civil Rights Manager

Copies Contractor
Residency Administrator
Project Inspector
Trainee